Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

#### BUILDING INCRECTION

PERM

Permit Number: 071327

| This is to certify that <u>GIANCOTTI MARCO</u>                                                                               | O P SI KRISTEN E GLANCOTTL. Mic                                                                                              |                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| has permission to install a 22' x 36' ingre                                                                                  | ound p                                                                                                                       |                                                                                                                  |
| AT 192 HOPE AVE                                                                                                              |                                                                                                                              | 2 A011001                                                                                                        |
| provided that the person or pers<br>of the provisions of the Statutes<br>the construction, maintenance a<br>this department. | s of the and or the ances                                                                                                    | g this permit shall comply with al<br>of the City of Portland regulating<br>s, and of the application on file ir |
| Apply to Public Works for street line and grade if nature of work requires such information.                                 | fication of inspersion muses gon and we en permit on proceed there this liding or art there is led or armin osed-in H JR NOT | A certificate of occupancy must be procured by owner before this building or part thereof is occupied.           |
| OTHER REQUIRED APPROVALS                                                                                                     |                                                                                                                              |                                                                                                                  |
| Fire Dept                                                                                                                    |                                                                                                                              |                                                                                                                  |
| Health Dept                                                                                                                  |                                                                                                                              |                                                                                                                  |
| Appeal Board                                                                                                                 |                                                                                                                              | 1-6- ()1+ 1 ()1                                                                                                  |
| Other                                                                                                                        | <u> </u>                                                                                                                     | Director - Building & Inspection Services                                                                        |

PENALTY FOR REMOVING THIS CARD

# **BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 (ONLY)**

### to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

| A Pre-construction Mee                                                | ting will take place u   | pon receipt of your building permit.                                                                                        |
|-----------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Footing/Building                                                      | g Location Inspection    | Prior to pouring concrete                                                                                                   |
| Re-Bar Schedul                                                        | e Inspection:            | Prior to pouring concrete                                                                                                   |
| Foundation Insp                                                       | ection:                  | Prior to placing ANY backfill                                                                                               |
| Framing/Rough                                                         | Plumbing/Electrical:     | Prior to any insulating or drywalling                                                                                       |
| Final/Certificate                                                     | use                      | or to any occupancy of the structure or NOTE: There is a \$75.00 fee per pection at this point.                             |
| you if your project requirements inspection  If any of the inspection | es a Certificate of Occu | ain projects. Your inspector can advise apancy. All projects <b>DO</b> require a final the project cannot go on to the next |
| phase, REGARDLESS (CERIFICATE ( BEFORE THE SPACE                      | OF OCCUPANICES I         | MUST BE ISSUED AND PAID FOR,                                                                                                |
| Signature of Applicant/Do                                             | esignee                  | Date                                                                                                                        |
| Signature of Inspections (                                            | Official                 | Date                                                                                                                        |
| CBL:                                                                  | Building Permit #:       |                                                                                                                             |

| Cit                   | ty of Portland, Main                                                                        | e - Buil              | lding or Use                           | Permi                      | t Applicatio                       | n P             | ermit No:                      | Issue Pate                            | :,                                               | CBL:                                        |                       |
|-----------------------|---------------------------------------------------------------------------------------------|-----------------------|----------------------------------------|----------------------------|------------------------------------|-----------------|--------------------------------|---------------------------------------|--------------------------------------------------|---------------------------------------------|-----------------------|
|                       | Congress Street, 0410                                                                       |                       | _                                      |                            |                                    | - 1             | 07-1327                        | 10/22                                 | 107                                              | 392 A0                                      | 11001                 |
| Loca                  | ation of Construction:                                                                      |                       | Owner Name:                            |                            |                                    | Own             | er Address:                    | 7-7                                   | <del>                                     </del> | Phone:                                      |                       |
| 192                   | 2 HOPE AVE                                                                                  |                       | GIANCOTTI                              | MARC                       | O P SR & KRI                       | 192             | HOPE AVE                       |                                       |                                                  | }                                           |                       |
| Busi                  | iness Name:                                                                                 |                       | Contractor Name                        | :                          |                                    | Cont            | ractor Address:                |                                       |                                                  | Phone                                       |                       |
|                       |                                                                                             |                       | Michaels Pool                          | n Patic                    | Inc                                | 201             | 0 Lisbon Roa                   | d Lewiston                            |                                                  | 20778215                                    | 14                    |
| Less                  | see/Buyer's Name                                                                            |                       | Phone:                                 |                            | ļ                                  | Perm            | nit Type:                      |                                       |                                                  |                                             | Zone:                 |
|                       |                                                                                             |                       |                                        |                            |                                    | Sw              | imming Pool                    | S                                     |                                                  |                                             | R-2                   |
| Past                  | Use:                                                                                        |                       | Proposed Use:                          |                            | <u>-</u>                           | Perr            | nit Fee:                       | Cost of Wor                           | k:                                               | CEO District:                               | 7                     |
| Sin                   | igle Family Home                                                                            |                       | Single Famiy I                         | Home -                     | install a 22' x                    | 1               | \$350.00                       | \$32,37                               | 72.00                                            | 5                                           | 1                     |
|                       | ,                                                                                           |                       | 36' inground p                         |                            |                                    | FIR             | E DEPT:                        | Approved                              | INSPE                                            | CTION:                                      |                       |
|                       |                                                                                             |                       | 1                                      |                            |                                    | ł               |                                |                                       | Use G                                            | roup: R - 3                                 | Type:5B               |
|                       |                                                                                             |                       |                                        |                            |                                    | 1               | L                              | Denied                                |                                                  |                                             |                       |
|                       |                                                                                             |                       |                                        |                            |                                    | ĺ               |                                |                                       |                                                  | The                                         | 2003                  |
| Pro                   | posed Project Description:                                                                  |                       | <b>_</b>                               |                            |                                    | 1               |                                |                                       |                                                  | N.                                          | 1                     |
| ins                   | tall a 22' x 36' inground po                                                                | ool                   |                                        |                            |                                    | Sign            | ature:                         |                                       | Signati                                          | ure SH. 1                                   | d23                   |
|                       |                                                                                             |                       |                                        |                            |                                    | PED             | ESTRIAN ACT                    | IVITIES DIST                          | RICT (                                           | P.A.D.)                                     | 1                     |
|                       |                                                                                             |                       |                                        |                            |                                    | Acti            | on: 🗍 Appro                    | ved 🗀 Anr                             | noved w                                          | /Conditions                                 | Denied                |
|                       |                                                                                             |                       |                                        |                            |                                    | 1               | on                             | , , , , , , , , , , , , , , , , , , , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,           | , conditions                                | Demed                 |
|                       |                                                                                             | _                     |                                        |                            |                                    | Sign            | ature:                         |                                       |                                                  | Date:                                       |                       |
| Perr                  | nit Taken By:                                                                               | Date A                | pplied For:                            |                            |                                    |                 | Zoning                         | Approva                               | ıl                                               |                                             |                       |
| lde                   | obson                                                                                       | 10/23                 | 3/2007                                 |                            |                                    |                 |                                |                                       |                                                  |                                             |                       |
| 1.                    | This permit application                                                                     | does not              | preclude the                           | Spe                        | cial Zone or Revi                  | ews             | Zoni                           | ng Appeal                             |                                                  | Historic Pres                               | ervation              |
|                       | Applicant(s) from meeti Federal Rules.                                                      | ng applic             | cable State and                        |                            | noreland                           |                 | ☐ Variano                      | ce                                    |                                                  | Not in Distric                              | et or Landmark        |
| 2.                    | Building permits do not septic or electrical work                                           |                       | plumbing,                              | ☐ Wetland ☐ Miscellaneous  |                                    | 1               | Does Not Rec                   | quire Review                          |                                                  |                                             |                       |
| 3.                    | Building permits are voi<br>within six (6) months of                                        | d if worl             |                                        | ☐ FI                       | ood Zone                           | Conditional Use |                                | 1                                     | Requires Rev                                     | iew                                         |                       |
|                       | False information may in permit and stop all work                                           | nvalidate             |                                        | Subdivision Interpretation |                                    |                 | Approved                       |                                       |                                                  |                                             |                       |
|                       |                                                                                             |                       |                                        | ☐ Si                       | te Plan                            |                 | Approv                         | ed .                                  |                                                  | Approved w/0                                | Conditions            |
|                       |                                                                                             |                       |                                        | Maj [                      | Minor MN                           | [               | Denied                         |                                       |                                                  | Denied                                      |                       |
|                       |                                                                                             |                       |                                        | Date:                      | 0/6/27                             | 7_              | Date: USH                      | 10 23                                 | E                                                | Date: OF                                    | 0 27                  |
|                       |                                                                                             |                       |                                        |                            | ·                                  |                 |                                |                                       |                                                  |                                             |                       |
|                       |                                                                                             |                       |                                        | (                          | CERTIFICAT                         | ON              |                                |                                       |                                                  |                                             |                       |
| I he                  | reby certify that I am the                                                                  | owner of              | record of the na                       |                            |                                    |                 | posed work i                   | s authorized                          | by the                                           | owner of recor                              | d and that            |
| I ha<br>juri:<br>shal | ve been authorized by the sdiction. In addition, if a ll have the authority to enth permit. | owner to<br>permit fo | o make this appli<br>or work described | ication :<br>d in the      | as his authorize<br>application is | d agei          | nt and I agree, I certify that | to conform the code off               | to all a<br>icial's                              | pplicable laws of authorized representation | of this<br>esentative |
|                       |                                                                                             |                       | <del></del>                            |                            |                                    |                 |                                |                                       |                                                  |                                             |                       |
| SIG                   | NATURE OF APPLICANT                                                                         |                       |                                        |                            | ADDRES                             | S               |                                | DATE                                  |                                                  | PHO                                         | NE                    |
| RES                   | SPONSIBLE PERSON IN CHA                                                                     | RGE OF W              | VORK, TITLE                            |                            | <del></del>                        |                 |                                | DATE                                  |                                                  | PHO                                         | NE                    |

| City of Portland, Maine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | - Build                 | ling or Use .                     | reriiii         | · · · ppiicatio                                             | n   P                              |                                    | 1 1                    | ì            |                              |                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|-----------------|-------------------------------------------------------------|------------------------------------|------------------------------------|------------------------|--------------|------------------------------|--------------------------------------|
| 389 Congress Street, 04101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Tel: (2                 | .07) 874-8703                     | , Fax: (        | (207) 874-871                                               | 6                                  | 07-1327                            | 10/22                  | 107          | 392 A                        | 011001                               |
| Location of Construction:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         | Owner Name:                       |                 |                                                             | Owner Address: Pho                 |                                    |                        | Phone:       |                              |                                      |
| 192 HOPE AVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _ [                     | GIANCOTTI                         | MARC            | OPSR&KRI                                                    | 192 HOPE AVE                       |                                    |                        |              |                              |                                      |
| Business Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         | Contractor Name                   | :               |                                                             | Cont                               | ractor Address:                    | _                      |              | Phone                        |                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         | Michaels Pool                     | n Patio         | Inc                                                         | 201                                | 0 Lisbon Roa                       | d Lewiston             |              | 2077821                      | 514                                  |
| Lessee/Buyer's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         | Phone:                            |                 |                                                             | 1                                  | iit Type:                          |                        |              |                              | Zone:                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                   |                 |                                                             | Sw                                 | imming Pools                       |                        |              |                              | R-2                                  |
| Past Use:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         | Proposed Use:                     |                 |                                                             | Perr                               | nit Fee:                           | Cost of Wor            | k:           | CEO District:                | 7                                    |
| Single Family Home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         | Single Famiy l                    |                 | install a 22' x                                             |                                    | \$350.00                           | \$32,37                |              | 5                            |                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         | 36' inground p                    | ool             |                                                             | FIR                                | E DEPT:                            | Approved               |              | CTION:                       |                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                   |                 |                                                             |                                    |                                    | Denied                 | Use Gr       | oup: R-3                     | Type: 5B                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                   |                 |                                                             | İ                                  |                                    |                        |              | TRC-                         | - 2003                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                   |                 |                                                             | ]                                  |                                    |                        |              | <b>1</b>                     |                                      |
| Proposed Project Description:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1                       |                                   |                 |                                                             |                                    |                                    |                        |              | $\sim 11$                    | 1007                                 |
| install a 22' x 36' inground poo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 01                      |                                   |                 |                                                             |                                    | ature:<br>ESTRIAN ACTI             | VITIES DIST            | Signatu      | <u> </u>                     | 425                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                   |                 |                                                             | PED.                               | ESTRIAN ACTI                       |                        |              |                              | •                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                   |                 |                                                             | Acti                               | on: Approv                         | ed App                 | roved w/     | Conditions [                 | Denied                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                   |                 |                                                             | Sign                               | ature:                             |                        |              | Date:                        |                                      |
| Permit Taken By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date App                | olied For:                        |                 |                                                             |                                    | Zoning                             | Approva                | 1            |                              | <del></del>                          |
| ldobson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10/23/                  |                                   |                 |                                                             |                                    | Zoning                             | Approva                | .1           | _                            |                                      |
| This permit application defined to the second | oes not n               | reclude the                       | Spe             | cial Zone or Revie                                          | ws                                 | Zonii                              | ıg Appeal              |              | Historic Pres                | servation                            |
| Applicant(s) from meeting Federal Rules.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                                   | ☐ Sh            | oreland                                                     |                                    | ☐ Variance                         | e                      |              | Not in Distri                | ct or Landmarl                       |
| 2. Building permits do not in septic or electrical work.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nclude pl               | umbing,                           | □ w             | etland                                                      |                                    | ☐ Miscella                         | neous                  |              | Does Not Re                  | quire Review                         |
| 3. Building permits are void within six (6) months of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                   | ☐ Flood Zone    |                                                             | Conditional Use                    |                                    |                        | Requires Rev | view                         |                                      |
| False information may investigate permit and stop all work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | validate a              |                                   | ☐ Su            | bdivision                                                   |                                    | _ Interpret                        | ation                  |              | Approved                     |                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                   | ☐ Sit           | e Plan                                                      |                                    | Approve                            | d .                    |              | Approved w                   | Conditions                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                   | Мај [           | Minor MM                                                    |                                    | _ Denied                           |                        |              | Denied                       |                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                   | Date:           | واردای                                                      | $\neg$                             | Date: US H                         | 10/23                  | Da           | ate: Of                      | 0 27                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                   |                 |                                                             | <del>-/-</del>                     | <del> </del>                       |                        |              | <del></del> -                | <del></del>                          |
| I hereby certify that I am the ov<br>I have been authorized by the o<br>jurisdiction. In addition, if a pe<br>shall have the authority to enter<br>such permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | owner to i<br>ermit for | make this appli<br>work described | med procation a | s his authorized application is is                          | ne pro<br>l ager<br>sued,          | nt and I agree to I certify that t | o conform the code off | by the o     | plicable laws uthorized repr | of this<br>esentative                |
| I have been authorized by the o<br>jurisdiction. In addition, if a pe<br>shall have the authority to enter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | owner to i<br>ermit for | make this appli<br>work described | med procation a | perty, or that the<br>s his authorized<br>application is is | ne pro<br>l ager<br>sued,<br>nable | nt and I agree to I certify that t | o conform the code off | by the o     | plicable laws uthorized repr | of this<br>esentative<br>plicable to |

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

| City of Portland, Maine                                                                                                                                    | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 | 1011                              | ermit No:                       | Issue Date              |                          | CBL:                            | 211001                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------|---------------------------------|-------------------------|--------------------------|---------------------------------|------------------------|
| 389 Congress Street, 0410                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3, Fax: (207) 874-8                             |                                   | 07-1327                         |                         | 107                      | 392 A                           | 711001                 |
| Location of Construction:                                                                                                                                  | Owner Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MARCO ROB 6 M                                   |                                   | er Address:                     | •                       | 1                        | Phone:                          |                        |
| 192 HOPE AVE                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MARCO P SR & KI                                 |                                   | HOPE AVE                        |                         |                          |                                 |                        |
| Business Name:                                                                                                                                             | Contractor Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                   | ractor Address                  |                         |                          | Phone                           | 514                    |
| Lessee/Buyer's Name                                                                                                                                        | Michaels Poo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | T Patto Inc                                     |                                   | 0 Lisbon Roa<br>it Type:        | ad Lewiston             |                          | 2077821                         | Zone:                  |
| Lessee/Buyer's Name                                                                                                                                        | Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                   | in Type:<br>imming Pool         | S                       |                          |                                 | R-2                    |
| Past Use:                                                                                                                                                  | Proposed Use:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                 | Pern                              | nit Fee:                        | Cost of Wor             | ·k:                      | CEO District:                   |                        |
| Single Family Home                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Home - install a 22' x                          | ۲                                 | \$350.00                        | \$32,3                  | 72.00                    | 5                               |                        |
|                                                                                                                                                            | 36' inground p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | pool                                            | FIRE                              | E DEPT:                         | Approved                | INSPEC                   | •                               |                        |
|                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                   | [                               | Denied                  | Use Gro                  | oup: R-3                        | Type: 5B               |
|                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                   |                                 |                         |                          | IRC.                            | - 2003                 |
| Proposed Project Description:                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                   |                                 |                         |                          | الم                             | م (م،                  |
| install a 22' x 36' inground po                                                                                                                            | ool                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 | Signa                             |                                 |                         | Signatur                 |                                 | 1923                   |
|                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 | PEDI                              | ESTRIAN ACT                     | TVITIES DIS             | FRICT (P                 | .A.D.)                          | V                      |
|                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 | Actio                             | on: Appro                       | oved Ap                 | proved w/0               | Conditions                      | Denied                 |
| •                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 | Signa                             | ature:                          |                         |                          | Date:                           |                        |
| Permit Taken By:                                                                                                                                           | Date Applied For:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 | •                                 | Zoning                          | g Approva               | al                       |                                 |                        |
| ldobson                                                                                                                                                    | 10/23/2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Special Zone or Re                              | wiewe                             | 700                             | ing Appeal              |                          | Historic Pre                    |                        |
| 1. This permit application of Applicant(s) from meeting                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Shoreland                                       | views                             | Varian                          |                         |                          |                                 | ict or Landmarl        |
| Federal Rules.                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Wetland                                         |                                   | Miscell                         | lamaa wa                |                          | Dags Not Bo                     | equire Review          |
| <ol><li>Building permits do not<br/>septic or electrical work.</li></ol>                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | wenand                                          |                                   | IVIISCEII                       | aneous                  |                          | Does Not Re                     | equire Review          |
| 3. Building permits are voice within six (6) months of                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Flood Zone                                      |                                   | Conditi                         | ional Use               |                          | Requires Re                     | view                   |
| False information may in permit and stop all work                                                                                                          | rvalidate a building                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Subdivision                                     |                                   | _ Interpre                      | etation                 |                          | Approved                        |                        |
|                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Site Plan                                       |                                   | Approv                          | red                     | . [                      | Approved w                      | /Conditions            |
|                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Maj Minor M                                     | ІМ 🔲                              | Denied                          |                         |                          | Denied                          |                        |
|                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date: (6)                                       | 07                                | Date: CS H                      | 10 23                   | Da                       | te: est                         | 0 27                   |
| I hereby certify that I am the o<br>I have been authorized by the<br>jurisdiction. In addition, if a p<br>shall have the authority to ente<br>such permit. | owner to make this application of the community of the co | ication as his authorized in the application is | the prop<br>zed agen<br>s issued, | t and I agree<br>I certify that | to conform the code off | to all app<br>icial's au | plicable laws<br>ithorized repr | of this<br>resentative |
| SIGNATURE OF THE STATE OF                                                                                                                                  | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                 |                                   |                                 |                         |                          |                                 |                        |
| SIGNATURE OF APPLICANT                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ADDRE                                           | 288                               |                                 | DATE                    |                          | РНО                             | NE                     |

| City of Portland, Maine - Building or Use Permit |                |                            |                            |           | Permit No:            | Date Applied For:     | CBL:             |
|--------------------------------------------------|----------------|----------------------------|----------------------------|-----------|-----------------------|-----------------------|------------------|
| 389 Congress Street, 0                           | 04101 Tel:     | (207) 874-8703, Fax: (     | 207) 87                    | 4-8716    | 07-1327               | 10/23/2007            | 392 A011001      |
| <b>Location of Construction:</b>                 | <del> </del>   | Owner Name:                |                            | 0         | Owner Address:        |                       | Phone:           |
| 192 HOPE AVE                                     |                | GIANCOTTI MARCO            | GIANCOTTI MARCO P SR & KRI |           | 192 HOPE AVE          |                       |                  |
| Business Name:                                   |                | Contractor Name:           |                            | C         | Contractor Address:   |                       | Phone            |
|                                                  |                | Michaels Pool n Patio      | Inc                        |           | 2010 Lisbon Road      | Lewiston              | (207) 782-1514   |
| Lessee/Buyer's Name                              | <del>-</del>   | Phone:                     |                            | P         | ermit Type:           |                       | <del>-</del>     |
|                                                  |                |                            |                            |           | Swimming Pools        |                       |                  |
| Proposed Use:                                    |                |                            |                            | Proposed  | Project Description:  | <u></u>               |                  |
| Single Famiy Home - ir                           | istall a 22' x | 36' inground pool          |                            | install a | a 22' x 36' ingroun   | d pool                |                  |
|                                                  |                |                            |                            |           |                       |                       |                  |
|                                                  |                |                            |                            |           |                       |                       |                  |
|                                                  |                |                            |                            |           |                       |                       |                  |
|                                                  |                |                            |                            |           |                       |                       |                  |
| Dept: Zoning                                     | Status:        | Approved                   | Re                         | viewer:   | Chris Hanson          | Approval D            | Date: 10/23/2007 |
| Note:                                            |                |                            |                            |           |                       | ••                    | Ok to Issue:     |
| 1,000                                            |                |                            |                            |           |                       |                       |                  |
|                                                  |                |                            |                            |           |                       |                       |                  |
| Dept: Building                                   | Status:        | Approved with Condition    | s Re                       | viewer:   | Chris Hanson          | Approval D            | Date: 10/23/2007 |
| Note:                                            |                |                            |                            |           |                       |                       | Ok to Issue:     |
| Permit approved ba noted on plans.               | sed on the pl  | ans submitted and review   | ed w/ow                    | ner/contr | ractor, with addition | onal information as a | igreed on and as |
| 2) Pool and barrier ins                          | tallation sha  | ll meet the code requireme | ents in A                  | ppendix   | G of the IRC 2003     | 3                     |                  |



# Pool Installation/Construction Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

| Location/Address of Construction:   92                                                                                            | Hope Av            | enue Portland                         | ME 04103_                           |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------|-------------------------------------|
| Total Square Footage of Proposed Structure                                                                                        |                    | Square Footage of Lot                 |                                     |
|                                                                                                                                   |                    | 30,270                                | 838-0383- Cell                      |
| Tax Assessor's Chart, Block & Lot                                                                                                 | Owner:             |                                       | Telephone: 791-5569- WK             |
| Chart# 392 Block# Lot# 11                                                                                                         |                    |                                       |                                     |
| PARCEL ID 392 ADUODI                                                                                                              |                    | Kristen Giancotti                     | 207-878-8562                        |
| Lessee/Buyer's Name (If Applicable)                                                                                               |                    | ame, address & telephone:             | Cost Of<br>Work: \$ 32,372          |
|                                                                                                                                   |                    | pe Avenue                             | WOIK: \$ 20,31&                     |
|                                                                                                                                   | Portla             | 1d M2 04103                           | Fee: \$                             |
| · · · · · · · · · · · · · · · · · · ·                                                                                             | 207-87             | 8-8265                                |                                     |
| Dimensions of pool: 22'x36'                                                                                                       | abo                | ve or below ground:                   | n Ground                            |
| Dimensions of decking and/or any platforms, s                                                                                     | heds, or other     | r structures: 10'x 16' Pre            | Fab Sheed - to                      |
| be placed on A 4" CEMENT SLOB                                                                                                     |                    |                                       |                                     |
|                                                                                                                                   |                    |                                       |                                     |
|                                                                                                                                   |                    |                                       |                                     |
| Contractor's name, address & telephone: M:                                                                                        | chael's Pa         | sol 'n' PALL THE.                     |                                     |
| 2010 Lisbon Rd, Lewiston Maine                                                                                                    | 04740              | 782-1514                              |                                     |
| Who should we contact when the permit is read                                                                                     | ly: MARCO          | Gianco ++:                            |                                     |
| Mailing address: 192 Hope Ave                                                                                                     | Phone: <b>87</b> 9 | 8-8562 Hm                             | , need / /                          |
| fortind maine eyes                                                                                                                | 74                 | 1-5569 WK                             | 1 OCT 23 MOJ )                      |
|                                                                                                                                   |                    | Ì                                     |                                     |
|                                                                                                                                   |                    |                                       |                                     |
| Please submit all of the information outl                                                                                         |                    | ,                                     | t. Failure to do                    |
| so could result in the automatic denial o                                                                                         | t your perm        | 11.                                   |                                     |
| In order to be sure the City fully understands the full                                                                           |                    |                                       |                                     |
| request additional information prior to the issuance of www.portlandmaine.gov, stop by the Building Inspec                        |                    |                                       |                                     |
| **************************************                                                                                            | one ornee, te      | on one of the or can of 4-070.        | <u>.</u>                            |
| I haraby partify that I am the Owner of second of the second                                                                      | المحمد محمل        | not the owner of record with original | a proposed work and that I have     |
| I hereby certify that I am the Owner of record of the name<br>been authorized by the owner to make this application as h          | is/her authorize   | d agent. I agree to conform to all ap | plicable laws of this jurisdiction. |
| In addition, if a permit for work described in this application<br>authority to enter all areas covered by this permit at any rea |                    |                                       |                                     |
|                                                                                                                                   | A M                | The same provided of the codes        | -LL                                 |
|                                                                                                                                   | (/)                |                                       |                                     |
| Signature of applicant:                                                                                                           | 1.                 | Date: 00:                             | T. 15 2007                          |

This is not a permit; you may not commence ANY work until the permit is issued.



### Pool Installation/Construction Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

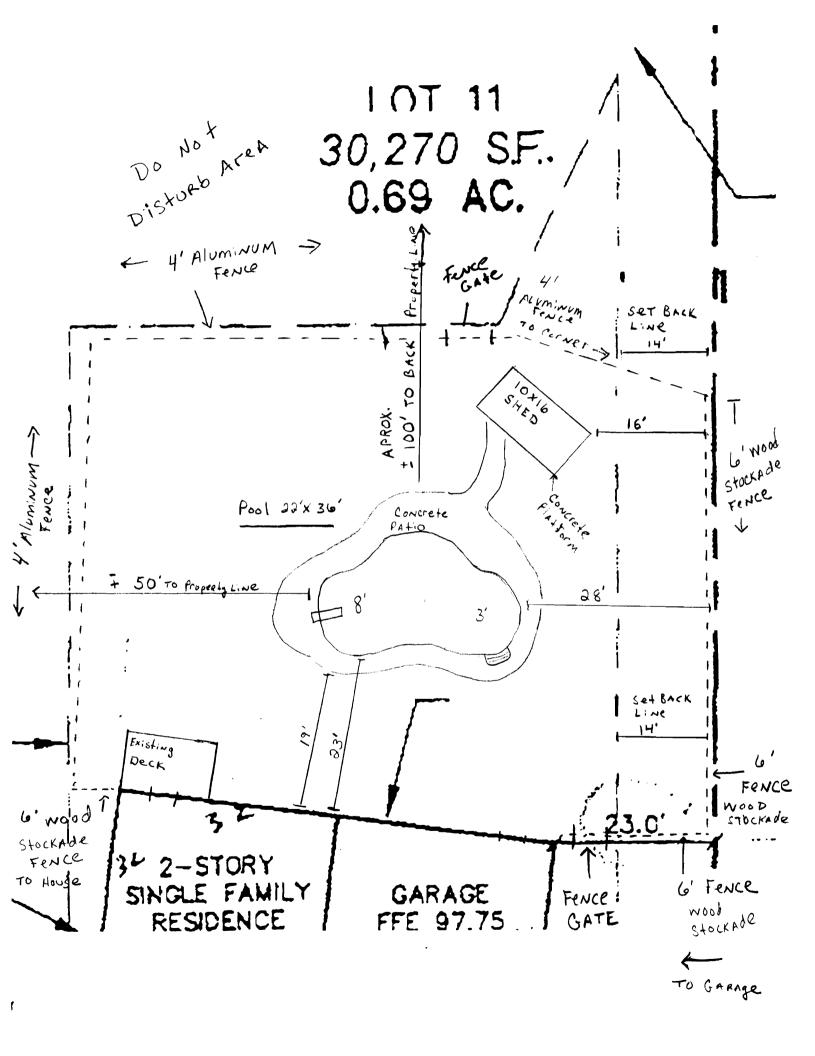
| /        |                                                                                                                                                                                                                                                                       |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | A plot plan showing the shape and dimension of the lot, footprint of the pool and its distance from the actual property lines, and the principal structure. Include any decks or accessory structures                                                                 |
| <u>u</u> | A complete set of plans that include structural details, size and dimensions and a cross section showing the slope and depth ratios, or for above ground pool, design specifications. Often this information can be obtained from the manufacturer.                   |
|          | A complete set of construction details for any accessory structures or decks including: pier or foundation layout, framing, fastenings, guards/handrails, baluster spacing and stair dimensions                                                                       |
|          | Details of required barrier protection including the design of fencing, gates, latches, ladders, or audible alarms (if applicable). Please show where they will be located and how they are constructed. This information can often be obtained from the manufacturer |
|          | Proof of ownership is required if it is inconsistent with the assessors records                                                                                                                                                                                       |

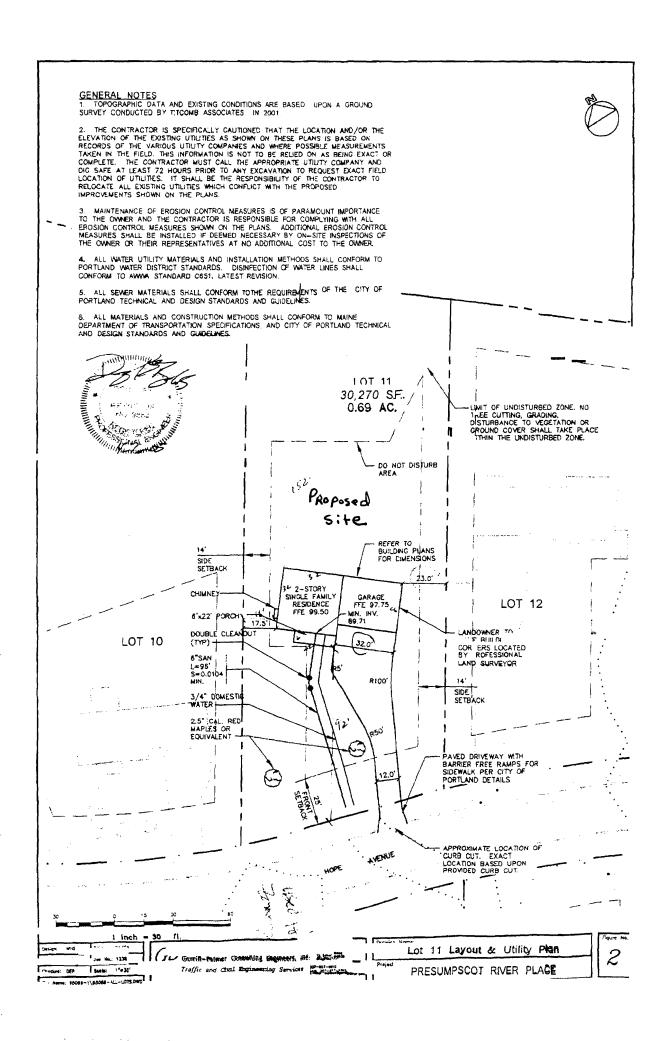
### All pool installations must be conducted in compliance with the IRC 2003 Building Code Appendix G

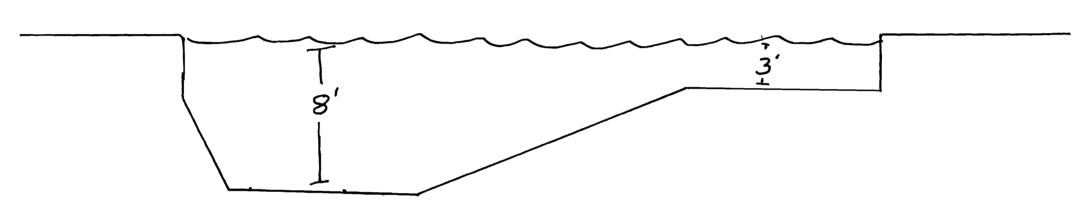
Separate permits are required for HVAC, and electrical installations.

Permit Fee: \$30.00 for the first \$1000.00 construction cost, \$9.00 per additional \$1000.00 cost

This is not a Permit; you may not commence any work until the Permit is issued.







### Main Line Fence

P.O. BOX 27A 272 MIDDLE ROAD CUMBERLAND, ME 04021

to do the work as specified. Payment will be made as outlined above.

Date of Acceptance: \_

| 4   | 100 |    |             |               |
|-----|-----|----|-------------|---------------|
|     | -   | -  | -           |               |
| - 7 | HIL | op |             | <b>N</b> II N |
| A   | - B |    | الم الموالا | 668           |
|     |     |    |             |               |

Page No.

of

Pages

| 207-829-5549            |
|-------------------------|
| 800-244-5549            |
| rocky@mainlinefence.com |
| Fax: 829-5943           |
|                         |

| MICHAEL'S | POOL 'n | n' PATTO, | INC. |
|-----------|---------|-----------|------|
|           |         |           |      |

2010 Lisbon Road Lewiston, Maine 04240-1307 (207) 782-1514 1-800-564-POOL

|                                                                                                                                                                         | 1-800-564-POOL                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROPOSAL SUBMITTED TO                                                                                                                                                   | PHONE DATE /                                                                                                                                                                                                                     |
| Marco + Kristen Giancotti                                                                                                                                               | 878 - 8562 /0/8/07                                                                                                                                                                                                               |
| 109 Heino die                                                                                                                                                           | JOB NAME                                                                                                                                                                                                                         |
| CITY, STATE and ZIP CODE                                                                                                                                                | JOB LOCATION                                                                                                                                                                                                                     |
| ARCHITECT / Me, O414/3 ARCHITECT / DATE OF PLANS                                                                                                                        | JOB PHONE                                                                                                                                                                                                                        |
| ARCHIECT / DATE OF FLANS                                                                                                                                                | JOB PHONE                                                                                                                                                                                                                        |
| The propose hereby to furnish material and labor complete i                                                                                                             | n accordance with specifications below, for the sum of:                                                                                                                                                                          |
|                                                                                                                                                                         |                                                                                                                                                                                                                                  |
| Payment to be made as follows:                                                                                                                                          |                                                                                                                                                                                                                                  |
| (200,00 Daposit) 10,000.00 u                                                                                                                                            | unon releving 9,000,00 unostart                                                                                                                                                                                                  |
|                                                                                                                                                                         | $\mathcal{L}_{L}$                                                                                                                                                                                                                |
| 3, 000,00 uppu, PATLO COMPT.  All material is guaranteed to be as specified. All work to be completed in a workman                                                      | ation holance uses completion                                                                                                                                                                                                    |
| manner according to standard practices. Any alteration or deviation from specificat low involving extra costs will be executed only upon written orders, and will becom | tions be- Authorized Signature                                                                                                                                                                                                   |
| extra charge over and above the estimate. All agreements contingent upon strikes dents or delays beyond our control. Owner to carry fire, tornado and other necessa     | , acci-                                                                                                                                                                                                                          |
| insurance. Our workers are fully covered by Workman's Compensation Insurance.                                                                                           | withdrawn by us if not accepted within days.                                                                                                                                                                                     |
| We hereby submit specifications and estimates for:                                                                                                                      | 21×36 Lagoon Left Installed                                                                                                                                                                                                      |
|                                                                                                                                                                         | <u> </u>                                                                                                                                                                                                                         |
| Excavation & backfill 14 gauge steel walls                                                                                                                              |                                                                                                                                                                                                                                  |
| Deluxe liner                                                                                                                                                            | 30,710.00                                                                                                                                                                                                                        |
| Filter system with                                                                                                                                                      | pump & motor                                                                                                                                                                                                                     |
| Skimmer (extra wide 2 returns with directions)                                                                                                                          |                                                                                                                                                                                                                                  |
|                                                                                                                                                                         |                                                                                                                                                                                                                                  |
| 2 Handrails for star                                                                                                                                                    | irs if stairs are purchased /900.00 /,200.00 or with closed atmosphere                                                                                                                                                           |
| Vacuum kit                                                                                                                                                              | JI WIEN GIOSCA GEMOSPHELE                                                                                                                                                                                                        |
| Test kit                                                                                                                                                                | Flex pipe, fittings & valves 7:04.                                                                                                                                                                                               |
| Starter chemical kit                                                                                                                                                    |                                                                                                                                                                                                                                  |
| concrete collar foot                                                                                                                                                    | <b>3</b>                                                                                                                                                                                                                         |
| Lifeline with floats                                                                                                                                                    | 4 main drains                                                                                                                                                                                                                    |
| Extra costs if needs                                                                                                                                                    | ed:                                                                                                                                                                                                                              |
| Building permit - Wa                                                                                                                                                    | ater to fill pool - Electrician Salestax 500.0                                                                                                                                                                                   |
| Removing leage - (sar<br>Junderground water -                                                                                                                           | Loam & seed                                                                                                                                                                                                                      |
| 1,600.                                                                                                                                                                  | - Poured gunite                                                                                                                                                                                                                  |
|                                                                                                                                                                         | hottow                                                                                                                                                                                                                           |
|                                                                                                                                                                         |                                                                                                                                                                                                                                  |
|                                                                                                                                                                         | Diving Bookd<br>Installed<br>1400.00 + tax                                                                                                                                                                                       |
|                                                                                                                                                                         | To still of                                                                                                                                                                                                                      |
|                                                                                                                                                                         | 1400 00 14                                                                                                                                                                                                                       |
|                                                                                                                                                                         | 1,100.00 4 10)                                                                                                                                                                                                                   |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                   |                                                                                                                                                                                                                                  |
|                                                                                                                                                                         | / / Propune pool                                                                                                                                                                                                                 |
|                                                                                                                                                                         | heater Install.                                                                                                                                                                                                                  |
|                                                                                                                                                                         | 1 5,200,00 + tax                                                                                                                                                                                                                 |
| and the second second                                                                                                                                                   |                                                                                                                                                                                                                                  |
|                                                                                                                                                                         | entronomical de la companya de la c<br>La companya de la co |
|                                                                                                                                                                         |                                                                                                                                                                                                                                  |
| Acceptance of Proposal The above prices, spec                                                                                                                           |                                                                                                                                                                                                                                  |
| and conditions are satisfactory and are hereby accepted. You are auth                                                                                                   | prized Signature                                                                                                                                                                                                                 |

Signature \_

Home

**Above Ground Pools** 

Accessories

Swimming Pool Alarms

Filter Cartridges

**Automatic Cleaners** 

Chemicals

Chemical Feeders

Covers & Reels

Swimming Pool Filters

Swimming Pool Heaters

**Swimming Pool Liners** 

**Outdoor Lighting** 

Pond and Fountain Kits

Pool & Spa Motors

**Swimming Pool Parts** 

Swimming Pool Pumps

**Swimming Pool Slides** 

Winterizing Products

**Manufacturers Links** 

Freight & Tracking #'s

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Testimonials

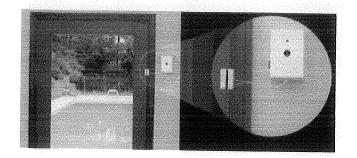
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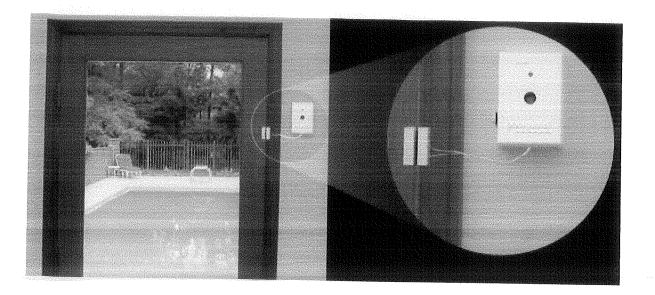
### Pool Guard Door Alarm

POOLGUARD/PBM INDUSTRIES, INC. has been manufacturing pool alarms door alarms, and gate alarms since 1982. All Poolguard products are proudly Made in the USA. Poolguard Door Alarms comply with all building codes and UL Listed under UL 2017. The majority of children that drown in pools go out to back door first and Poolguard's Door Alarm can help protect those doors.

- UL Listed under UL 2017
- Important Safety Feature
- Complies With Building Codes
- Simple To Operate
- Automatic Reset
- Battery Powered
- Easy To Install
- Affordable Price
- Pass Through Feature For Adults
- Low Battery Indicator
- · Horns are 85 dB at 10 feet

#### PGRM-DAPT \$58.95 Add To Cart

Above Ground Pools, Swimming pool accessories, Above Ground Pool Cleaners, Inground Pool Cleaners, Swimming Pool Chemicals, Chemical Feeders, Chorinators, Swimming Pool Covers, Swimming Pool Filters, Filter Cartridges, Swimming Pool Heaters, Swimming Pool Liners, Swimming Pool Pumps, Slides



# **ELECTRICAL PERMIT City of Portland, Me.**

To the Chief Electrical Inspector, Portland Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

| Date 10/3//07   |
|-----------------|
| Permit #260-487 |
| CBL#, 392A11    |

| LOCATION: 192 Hope | aveMETER MAKE & # | CBL# 37771  |
|--------------------|-------------------|-------------|
| CMP ACCOUNT #      | OWNER Marc        | o Giencotti |
| TENANT             | PHONE #           | 1 4170      |

| OUTLETS Receptacles Switches Smitches Complete Debut 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
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| FIXTURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Incandescent     |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
| TIXTORES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | incandescent     | Fluorescent   | Strips                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | .20            |
| SERVICES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Overhead         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
| OLIVIOLO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Overhead         | Underground   | TTL AMPS <800                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 15.00          |
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| Temporary Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Overhead         | Underground   | TTL AMPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 25.00          |
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| METERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (number of)      |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
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| RESID/COM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Electric units   |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2.00           |
| HEATING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | oil/gas units    | Interior      | Exterior                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1.00           |
| APPLIANCES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ranges           | Cook Tops     | Wall Ovens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5.00           |
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| MISC. (number of)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Air Cond/win     |               | ——————————————————————————————————————                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2.00           |
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| RANSFORMER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Service          | Remote        | Main                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4.00           |
| NANSFURINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0-25 Kva         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5.00           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 25-200 Kva       |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8.00           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Over 200 Kva     |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10.00          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |               | TOTAL AMOUNT DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MINIMUM FEE/COMV | IERCIAL 55.00 | MINIMUM FEE 45.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <del>}  </del> |

| CONTRACTORS NAME JEFES ELECTRIC LLC MASTER LIC. # | 1255 | 71 |
|---------------------------------------------------|------|----|
| ADDRESS 3 Holly Brive Cumperkund MeliMITED LIC. # | 100  |    |
| TELEPHONE _207-879-2155                           | 0 1  |    |

SIGNATURE OF CONTRACTOR

White Copy - Office • Yellow Copy - Applicant